

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90117 005 ***150.00

DOCUMENT # P01000105236

1. Entity Name
FYNSA FINANCIAL GROUP, INC.

Principal Place of Business

**1200 SOUTH PINE ISLAND
 SUITE 500
 PLANTATION FL 33324**

Mailing Address

**770 CLAUGHTON ISLAND DRIVE
 SUITE 507
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**770 Cloughton Island
 Suite, Apt. #, etc. Drive
 Suite 507**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33131

Country

USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GLOBAL HUMAN CAPITAL SOLUTIONS, INC
 4021 TURQUOISE TRAIL
 WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
 NAME **POLETTI, ASTRID**
 STREET ADDRESS **2400 SW 3RD AVENUE, APT. 204**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **V** ☐ Delete
 NAME **FUENTES, JOSE LUIS**
 STREET ADDRESS **770 CLAUGHTON ISLAND DRIVE SUITE 507**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE LUIS FUENTES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002

Date

Daytime Phone #

CR2E034 (9/01)